

Case Number:	CM13-0044235		
Date Assigned:	03/28/2014	Date of Injury:	01/15/2013
Decision Date:	05/12/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 39-year-old male with a date of injury January 15, 2013. He injured his back while lifting. He's diagnosed with a right L4-5 foraminal and extraforaminal herniated disc with compression of L4 nerve root. On physical examination patient has normal motor strength in the bilateral upper and lower extremities. There is normal sensation in the bilateral upper lower extremities. Patient has a normal gait and is able to heel and toe walk. Deep tendon reflexes are normal. Magnetic resonance imaging of the lumbar spine from August 2013 shows a right L4-5 herniated disc. Issue at dispute is whether surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ONE PREOPERATIVE MEDICAL CONSULTATION: Upheld

Claims Administrator guideline: DECISION BASED ON THE CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) GUIDELINES, 12.

MAXIMUS guideline: DECISION BASED ON THE OTHER MEDICAL TREATMENT GUIDELINES OR MEDICAL EVIDENCE CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) LOW BACK PAIN CHAPTER PAGES 307-322.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 ASSISTANT SURGEON: Upheld

Claims Administrator guideline: DECISION BASED ON THE CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) GUIDELINES, 12.

MAXIMUS guideline: DECISION BASED ON THE OTHER MEDICAL TREATMENT GUIDELINES OR MEDICAL EVIDENCE CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) LOW BACK PAIN CHAPTER PAGES 307-322.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ONE RIGHT EXTRAFORAMINAL DISCECTOMY AT THE LEVEL OF L4-L5 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: This patient does not meet established criteria for lumbar decompressive surgery. Specifically the physical examination does not document radiculopathy in the lower extremities. There is no correlation between MRI imaging studies and physical examination. Established criteria for lumbar discectomy not met. Since the patient does not have documented radiculopathy on physical examination that corresponds to nerve root compression on the MRI, lumbar discectomy surgery is not needed.

2 DAYS INPATIENT STAY: Upheld

Claims Administrator guideline: DECISION BASED ON THE CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) GUIDELINES, 12.

MAXIMUS guideline: DECISION BASED ON THE OTHER MEDICAL TREATMENT GUIDELINES OR MEDICAL EVIDENCE CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE (MTUS) LOW BACK PAIN CHAPTER PAGES 307-322.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

